

**United States Bankruptcy Court
District of DE (WILMINGTON)**

PROOF OF CLAIM

In re (Name of Debtor)
HAROLD M PITMAN COMPANY

Case Number
10-13619 (BLS)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. 503

Name of Creditor
(The person or other entity to whom the debtor owes money or property)
INDIANA DEPARTMENT OF REVENUE

Name and Address Where Notices Should be Sent
**INDIANA DEPARTMENT OF REVENUE
BANKRUPTCY SECTION, N-240
100 NORTH SENATE AVENUE
INDIANAPOLIS, IN 46204**

Telephone No. (317) 232-2289

Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

**THIS SPACE IS FOR
COURT USE ONLY**

Account Or Other Number By Which Creditor Identifies Debtor
0980

Check here if this claim replaces amends a previously filed claim dated 03/28/2011

1. BASIS FOR CLAIM

Goods sold

Services performed

Money loaned

Personal injury / wrongful death

Taxes

Other (Describe briefly)

Retiree benefits as defined by U.S.C. 1114(a)

Wages, salaries, and compensation (Fill out below)
Your social security number _____
Unpaid compensation for services performed
From _____ to _____
(date) (date)

2. DATE DEBT WAS INCURRED
SEE ATTACHMENT

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

SECURED CLAIM \$0.00
Attach evidence of perfection of security interest
Brief description of Collateral:
 Real Estate Motor Vehicle Other (Describe briefly)

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$

UNSECURED NONPRIORITY CLAIM \$0.00
A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$361.80
Specify the priority of the claim.

Wages, salaries, or commissions (up to \$4000) earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. 507(a)(4)

Up to \$1950 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. 507(a)(6)

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. 507(a)(7)

Taxes or other penalties of governmental units - 11 U.S.C. 507(a)(8)

Other - Specify applicable paragraph of 11 U.S.C. 507(a) _____
*Amounts are subject to adjustment on 4/11/98 and every 3 years thereafter with respect to cases commenced after the date of adjustment.

5. TOTAL AMOUNT OF CLAIM AT THE TIME CASE FILED:	\$0.00 (Unsecured)	\$0.00 (Secured)	\$361.80 (Priority)	\$361.80 (TOTAL)
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Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

6. CREDITS AND SETOFF: The amount of all payments on this claim has been made and deducted for the purposes of making this proof of claim. owes to debtor.

7. SUPPORTING DOCUMENTS: orders, invoices, itemized state interests. If the documents are

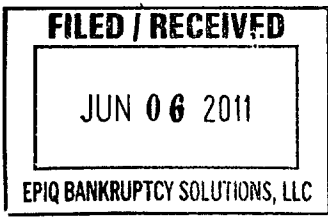
8. TIME STAMPED COPY: To re-addressed envelope and copy of this proof of claim.

Filed: USBC - District of Delaware
HMP Services Holding, Et Al.
10-13618 (BLS) 000000169

any notes, purchase r evidence of security attach a summary.

Close a stamped, self-

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COURT USE ONLY**



Date: 05/31/2011

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)
/s/ CAROL LUSHELL, Tax Analyst *Carol Lushell*

Penalty for presenting fraudulent claim: Fine of up to \$500.00 or imprisonment for up to 5 years or both. 18 U.S.C. 152 and 371.

AMENDED WORKING PAPERS:

NAME(S): HAROLD M PITMAN COMPANY

FID: 0980

CASE NUMBER: 10-13619 (BLS)

TID:

DATE FILED: 11/08/2010

TID:

CHAPTER FILED: 11

CONFIRM DATE:

PRE-PETITION SECURED

POST-PETITION UNSECURED

PRIORITY

TID#	TAX TYPE	LIAB NBR	LIAB TYPE	PERIOD ENDING	DUE DATE	PENALTY RATE	BASE TAX	INTEREST	PENALTY	CLERK COST	TOTAL CLAIM
7664	OOS	201001258255 201001370231	LAT	07/31/2010 08/31/2010	08/20/2010 09/20/2010	10.00% 10.00%	\$314.01 \$45.11	\$2.51 \$0.17	\$0.00 \$0.00	\$0.00 \$0.00	\$316.52 \$45.28

TOTALS: \$359.12 \$2.68 \$0.00 \$0.00 \$361.80

Secured Amount: \$0.00
 General Unsecured Amount: \$0.00
 Priority Amount: \$361.80

May 31, 2011

HMP Services Holding Sub III, LLC, et al.
Claims Processing Center
C/o Epiq Bankruptcy Solutions, LLC
FDR Station, P.O. Box 5082
New York, NY 10150-5082

RE: Harold M. Pitman Company
CASE NO: 10-13619 (BLS)

Dear Sir or Madame:

Enclosed are the original and copies of amended proof of priority claim of the Indiana Department of Revenue for filing in the above referenced case.

Please return a filed-stamped copy for our files to:

Bankruptcy Section, MS #108
Indiana Department of Revenue
100 N Senate Avenue, Room N-240
Indianapolis, IN 46204

Thank you for your courtesy in this matter.

Sincerely,



Carol Lushell
Bankruptcy Tax Analyst
Indiana Department of Revenue
(317) 232-2190

ST 9716 03/03
0469

STATE OF ALABAMA

DEPARTMENT OF REVENUE
MONTGOMERY, ALABAMA



2003/03/03 11:00

HMP Services, Claims Processing
C/o Epiq Bankruptcy Solutions,
FDR Station, P.O. Box 5082
New York, NY 10150-5082

PAID / RECEIVE

JUN 06 2003

EPIC BANKRUPTCY
SOLUTIONS

SIXMAB3 10150

